





Atty. Dkt. No. 050251/0131

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Gray et al.

Title:

SURGICAL DEVICE WITH

MALLEABLE SHAFT

Appl. No.:

09/432,523

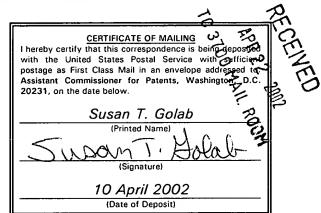
Filing Date: 3 November 1999

Examiner:

D. Isabella

Art Unit:

3738



## **AMENDMENT TRANSMITTAL**

**Assistant Commissioner for Patents** Box Non-Fee Amendment Washington, D.C. 20231

Sir:

Transmitted herewith is the Amendment and Response to Restriction Requirement in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a [ ] Small Entity statement previously submitted.
- Small Entity statement is enclosed. [ ]
- The fee required for additional claims is calculated below: [X]

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	14	_	20	=	0	х	\$18.00	=	\$0.00
Independents:	4	_	4 .	=	0	_ x	\$80.00	=	\$0.00
First presentation	on of any M	ultipl	e Dependen	t Cla	ims:	+	\$260.00	=	\$0.00
CLAIMS FEE TOTAL:						=	\$0.00		

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for [ ] the total number of months checked below:

Atty. Dkt. No. 050251/0131

\$0.00	\$110.00	Extension for response filed within the first month:	[]		
\$0.00	\$380.00	Extension for response filed within the second month:	[]		
\$0.00	\$870.00	Extension for response filed within the third month:	[]		
\$0.00	\$1,360.00	Extension for response filed within the fourth month:	[]		
\$0.00	\$1,850.00	Extension for response filed within the fifth month:	[]		
\$0.00	N FEE TOTAL:	EXTENSIO			
\$0.00	N FEE TOTAL:	CLAIMS AND EXTENSION FEE TOTAL:			
\$0.00	½ of above):	Small Entity Fees Apply (subtract ½ of above):			
\$0.00	TOTAL FEE:				

- [ ] Please charge Deposit Account No. 06-1450 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- [X] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Paul E. Schaafsma

Registration No. 32,664

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Assistant Commissioner for Patents Box Non-Fee Amendment

Washington, D.C. 20231

Certificate of Mailing Pursuant to 37 CFR 1.8 I hereby certify that this correspondence and attached documents are being deposited with the United States Postal Service as first class mail in an envelope addressed to Assistant Commissioner for Patents, Box Non-Fee Amendment, Washington, D.C. 20231 on 10 April 2002

## AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

This communication is responsive to the Office Action dated 20 March 2002 concerning the above-referenced patent application.

Please amend the application as follows:

## In the Claims:

Please amend the following claim:

Claim 45. (Amended) The malleable surgical clamp of claim 43 wherein the receiving end is a socket and the outwardly projecting engaging end is substantially hemispherically shaped.